

Furman University Acknowledgement and Release Form

I, the undersigned, acknowledge that my son/daughter _____ is voluntarily participating in Spring Break Trip (the "Activity"), which is being sponsored by *Furman University's Bridges to a Brighter Future Program*. This program will include travel to and from Furman University and colleges in Alabama. The program will take place on **March 19-22, 2022**.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY.

In consideration of being permitted to participate in the Activity, _____ (initial here) I acknowledge that I am aware of the possible risks, dangers, and hazards associated with my son/daughter's participation in the Activity, including the possible risk of severe or fatal injury to my son/daughter or others. In return for *Furman University* allowing my son/daughter to voluntarily participate in the Activity, I agree to assume and accept all risks arising out of, associated with, or related to my son/daughter participating in the Activities and to be solely responsible for any injury, loss, or damage which my son/daughter might sustain while participating in the Activity. These risks include, but are not limited to travel to and from location(s) visited during the Activity.

To the maximum extent permitted by the law, _____ (initial here) I release and indemnify *Furman University* and its officers, directors, employees, volunteers, and representatives, from and against any present or future claim, loss, or liability for injury to person or property which my son/daughter may suffer, or for which my son/daughter may be liable to any other person, during my son/daughter's participation in the Activity.

_____ (initial here) I hereby grant permission to *Furman University* or its agents and emergency responders to arrange or render medical treatment or evacuation or any other medical services deemed necessary or appropriate for my son/daughter's safety and well-being, if my son/daughter should become injured or ill during the Activity.

_____ (initial here) I grant *Furman University*, in its sole discretion, full permission to take and use photographs and/or videos of my son/daughter, either alone or with others, for use on University web sites or other electronic form, print or media, without notifying me, in promotion of *Furman University* and its related entities. I hereby waive any right to inspect or approve the photographs or electronic matter used in promotion of *Furman University* and its related entities.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I VOLUNTARILY AGREE TO BIND MYSELF, MY HEIRS, EXECUTORS AND REPRESENTATIVES IN THE EVENT OF MY DEATH OR INCAPACITY.

Parent/Guardian's Signature

Today's Date

Printed Name

Date of Birth

Cell Phone Number

Participant's Printed Name

Participant's Date of Birth

Emergency Contact / Relation

Phone Number

PERMISSION AND MEDICAL INFORMATION

*Bridges to a Brighter Future
Spring Break College Trip*

Student Name (Print) _____ DOB _____ Age _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian Name _____ Phone _____

Parent/Guardian Name _____ Phone _____

Mother's Work or Cell Phone _____ Father's Work or Cell Phone _____

Emergency Contact:

Name: _____ Relation to Student: _____ Phone Number: _____

MEDICAL HISTORY

(to be completed by adult participants or parents of minors)

Is there a known history of: (Circle no or yes)

- A. Drug Allergies (N) (Y) If yes, name drug(s) _____
- B. Currently taking medication (N) (Y) If yes, name _____
- C. Pre-existing injury currently under treatment (N) (Y) If yes, what: _____
- D. Fracture or other disability type of injury (N) (Y)
- E. Food allergies (N) (Y) If yes, what: _____
- F. Mental disorders, depression, anxiety or seizures (N) (Y)
- G. Past illness of more than one week's duration (N) (Y)
- H. Hearing loss (N) (Y) Visual problems (N) (Y) Glasses (N) (Y) Contact lens (N) (Y)

EXPLAIN "YES" ANSWERS: _____

PERMISSION TO ADMINISTER MEDICATION

I give permission for the administration of over-the-counter medication to my child by Bridges to a Brighter Future staff as needed. Authorized medications below (please check all that apply).

___ Benadryl/antihistamine products ___ Aspirin/acetaminophen ___ Other (please specify): _____
___ Sinus/cold products ___ Ibuprofen _____

- 1. Any over-the-counter medication allergies that you are aware of? _____
- 2. Is your child in possession of any over-the-counter or prescription medications? YES NO
 - a. Medications _____
 - b. Does your child need assistance with administering these medications? YES NO

Date: _____ Signature: _____

PARENTAL PERMIT

The law requires that parental permission must be obtained for any medical or emergency care for those under 18 years of age. The following consent form must be signed by the parent/guardian so that such care may be promptly carried out, and no unnecessary delays will occur with emergency procedures. However, no surgical procedure will be performed, except in an emergency, without parent/guardian being contacted and fully informed.

I give Furman University staff and its consultants permission to perform diagnostic, therapeutic, and/or surgical procedures as may be deemed necessary for my son/daughter.

Date _____ Parent/Guardian Signature _____ Relationship to student _____

INSURANCE INFORMATION

Name of Medical Insurance _____ Policy # _____

Name of Policy Holder _____

Check here if you do not have medical insurance